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PHILADELPHIA, DECEMBER 22, 1877.

## ORIGINAL COMMUNICATIONS.

### THE DIAGNOSIS AND TREATMENT OF SOME FORMS OF SYPHILITIC NERVOUS AFFECTIONS.

BY HUGO ENGEL, M.D.

IT is a well-established fact that the syphilitic poison produces many acute and chronic lesions of the nerve-centres and their coverings. Notwithstanding the various aspects such cases may present, according to the seat of the pathological action, there is something shared in common by them all, and this, in connection with a kind of uniformity in their appearance and the course they pursue, makes their diagnosis comparatively easy. During the last four years my private practice has included many cases of specific nervous diseases, and my field of observation has been greatly enlarged by the kindness of members of the profession, who, knowing my studies in this direction, have given me further opportunity of enriching my experience.

In all these cases, with the single exception of one, the syphilitic history was denied; but the progress of the disease and the results of treatment proved the diagnosis to have been correct, and in some instances later acknowledgment of the truth of my assertion was made.

My studies embrace a large number of observations, but they have been directed mainly to syphilitic irritation of the brain, hemiplegia, epilepsy, a progressive form of palsy of cranial nerves, and paraplegia. At a future date I propose to publish the history of all of these and give their pathology. To-day I intend only to discuss my observations as regards diagnosis and treatment; referring for the present to the pathological researches of Heubner, Braun, Keyes, Wagner, Virchow, and others.

The importance of diagnosis and the difficulty often connected with it I need only briefly mention. There are so many reasons why the nature of the disease should be denied, and so many why its specific origin should be unknown to the patient, that we are rather forced to recognize the specific virus by its peculiar manifestations. In view, however, of the prognosis and the proper plan of treatment to be instituted, it is necessary to quickly comprehend the causing element. Specific cases improve rapidly under treatment, and to all intents and purposes a perfect and permanent cure (of the affections spoken of) is often obtained.

In the diagnosis I omit to mention all common and well-known factors, like a clear history, osteocopic pains, old cicatrices, residues of a syphilitic iritis, existing rupial ulcers, enlargement of lymphatic glands, alopecia, and so on. To detect any of these is to suspect syphilis, which should be the guiding rule of all physicians in any "nervous" case where there is the least possibility of a doubt as to the cause of the trouble. The fact may here be recorded that in most of these cases secondary symptoms were entirely absent or very modestly pronounced. In some cases the only external evidence of the constitutional vice was a cicatrix of a rupial ulcer. When there existed a doubt the patient had the benefit of it by taking for a time specific remedies, which, it must be remembered, often exert no small influence on similar cases not originating from lues, but nothing in comparison with their almost magic effect in syphilis.

*a. Syphilitic irritation of the brain.*

In the varying character of the symptoms presented by different cases, they will resemble more or less those of acute meningitis, or the brain-symptoms of some low fever, or alcoholism, or acute and chronic mania. In a vigilant and extremely restless patient there is moderate fever, with constipated bowels and frequent vomiting, and coexisting with these are delirium and such material alterations in the mental faculties as to often give to the individual the appearance of an insane person. According to the morbid lesion which produces the irritation (tumor, alterations in the arterial coats, meningeal inflammatory processes, etc., etc.), the condition of the pupils will vary. They may be contracted or dilated, or one differing from the other and responding unequally to light. You will likely be informed by some member of the family, or the patient himself, if he is able to speak intelligently, of a previous severe headache, worse at night, associated perhaps with vertigo and a queer temper; or there will be an utter absence of any history whatever; but there is never a history of a sudden beginning or a beginning with a chill. The delirium is good-

natured, and assumes the form of talking nonsense. One patient, whom I saw through the kindness of my friend Dr. Chase, of West Philadelphia, would invariably reply, "Cabbage and beef," when asked what he had taken for each of his three daily meals, when he had had nothing of the kind. While there is some slight febrile movement, there is never a hard and tense pulse. The face is neither flushed nor pale, but is natural, with the exception that you cannot get the patient to look you in the face.

The negative history is a great point, for by it you are materially assisted in coming to a correct conclusion. The absence of any history of accident, alcoholism, long sickness, etc., we will readily appreciate as valuable data well worthy of consideration in the concluding inferences. The aspect of the case is peculiar, which the experienced physician will immediately recognize and be clearly impressed that there is no serious danger yet to life or brain, notwithstanding the presence of some symptoms which under other circumstances would indicate the gravest prognosis. I may say, then, that the hazy and only partial picture of a perilous brain-disease should invariably cause suspicions of a syphilitic origin.

*b. Hemiplegia syphilitica.*

A patient becoming suddenly unconscious and awaking with hemiplegia, paralysis of the facial nerve, and perhaps aphasia, at once suggests some variety of apoplexy. My first experience involved my mind in considerable puzzling doubt. In hemiplegia due to any of the different forms of coup de sang, to softening, tumor, etc., there is a total absence of any history, or a clear record of valvular lesion, an injury, or a hereditary tendency. In syphilitic cases there is generally headache, and always irritability of temper, long previous to the attack, which occurs usually in a young subject. The nutrition of the paralyzed parts is never disturbed, and the electro-muscular contractility is mostly well preserved, and when very rarely partially lost it rapidly returns under treatment, while, on the contrary, in non-specific cases it soon diminishes, and later almost disappears, and when once lost never returns.

*c. Syphilitic epilepsy.*

This is, in my experience, invariably produced by a brain-tumor, and has a long antecedent history of headache, and occurs in the prime of life in a person formerly not subject to it. The headache becomes severe several days, often, previous to the convulsions, which are generally one-sided and happen at long intervals, but then often many in one day. There is no facies epileptica, but local palsies, as in other brain-tumors, will be noted.

*d. Progressive paralysis* of the third, fourth, fifth, sixth, and seventh nerves, associated with headache, which increases towards evening, and occurring in an otherwise healthy individual, I have found to be invariably produced by the syphilitic poison.

*e. Paraplegia caused by lues* gives a history only of a little pain and numbness, not like spinal meningitis in severity, and never totally absent, as in spinal apoplexy. The disease, as regards its manifest phenomena, closely simulates softening of the cord, but there are several significant and differential points. There is no history of exposure to cold and damp in a rheumatic person, and even when reflex excitability is totally abolished and anæsthesia complete, the electro-muscular contractility will be only diminished and never absent; neither will there be bed-sores, nor wasting of the affected limbs.

I briefly quote the following interesting case, which I saw through the kindness of Dr. J. H. Lopez. A servant-girl, æt. 22 years, complained for a few days about some slight pain in her limbs and abdomen; this was soon followed by a sense of numbness, and shortly afterwards she awoke one morning completely helpless. A physician was called, who pronounced the case to be one of incurable myelitis. A month later the patient came under the charge of my friend Dr. Lopez, who, immediately suspecting the true nature of the trouble, kindly asked me to see the case with him. On examination we found complete paraplegia, paralysis of the sphincter vesicæ, anæsthesia and analgesia in both limbs and the lower part of the abdomen, the feeling of a constricting band, reflex excitability totally abolished, but electro-muscular contractility only diminished, no wasting of the affected limbs, and a large rupial ulcer at the angula scapulæ dextræ, which had been taken for a bed-sore. I will here add that in about six months the patient attended to the duties of waitress in Atlantic City.

To sum up *in toto:* Syphilitic nervous affections which simulate grave and often incurable diseases from other sources, namely, acute meningitis, apoplexy from other causes, epilepsy, softening of the cord, etc., are recognized as specific in their nature, even if this nature be denied, by the following points:

1. The aspect of the case, as recognized by the features, the pulse, the temperature, the violence of symptoms, lacks that gravity which would attend a non-specific case of the same character.

2. There is total absence of any history, as usually elicitable in such affections, when not produced by lues, or the history points to certain warning symptoms like headache and vertigo worse towards night, irritable temper, numbness, etc., totally different from similar cases of a non-specific nature. The patient either does or will not know any causing element.

3. In paralysis the electro-muscular contractility is never totally abolished; and if it would seem so it is quickly re-established under a specific treatment that would never have that rapid influence in non-syphilitic cases.

4. There is no wasting of tissue for a long time in the affected limbs.

5. The spleen is invariably enlarged.

In the *treatment* of all syphilitic diseases specific remedies are employed, but when a nervous centre is attacked the symptoms demand their use in a manner which quickest counteracts the virus, and my experience has caused me to adopt a plan which, in my hands, has been very successful.

I have subjected such patients to a prolonged course of iodide of potassium, beginning with gr. v. gradually increasing the dose to ʒi three times daily, to which I have added in some cases bichloride of mercury in doses varying from gr. $\frac{1}{32}$ to gr. $\frac{1}{16}$. Again I have given the mercurial preparations alone, and in certain cases employed some of them hypodermically, and made use of decoctum Zittmannii. From all of these undoubted benefit was noticed, but nothing in comparison with the good results obtained by the following course, which I am now in the habit of directing.

When the patient is yet able to be about, or from some other cause it may be impossible to keep him in bed, although in the majority of cases the very nature of the disease necessitates confinement in bed, directions are given for an easily digestible diet, the avoidance of stimulants, and the use of the following prescription:

℞ Hydrarg. chlorid. mitis, gr. iii;
Extr. opii, gr. ii.
M. c. glycer. ut f. pilulæ No. ix. Sig. —One pill three times daily.

On the third day I increase the calomel gr. i, and if there should be diarrhœa the quantity of opium is also augmented, and in case of stubborn constipation a Seidlitz powder is prescribed. In this way the mercury is increased every third day, until the first symptoms of salivation make their appearance, when the medicine is continued, without further augmentation of the calomel, until all the symptoms of the disease have disappeared. In the mean time a chlorate of potassium gargle is used every hour, and the patient is carefully cautioned against exposure to cold, and is directed to use no tobacco, to take only a fluid diet, and to have his bowels moved twice daily. Usually it is required to keep up the soreness of the gums from one to two weeks. Should, however, the salivation become too severe, and mercurial ulceration set in, the calomel should be discontinued and the sores touched lightly with strong nitric acid every third day. A saline purge is here proper, and sulphur vapor baths or warm water baths are ordered. When the mercurial stomatitis is thus cured, a prescription is given for potass. iodid., gr. x; tinct. cinchon. comp., fʒi; to be taken three times daily in water. With occasional intermissions this is taken for many months, and its use advised four times a year for three weeks at each time for the remainder of life, unless some contra-indication should arise. The utmost attention should be paid to the warning symptoms of a graver mercurialism. The heart must be frequently examined, and the slightest tumor most carefully watched. With these cautions always in view, I have not a single case of bad results to record.

But when the symptoms are more urgent, and irreparable damage threatens the great nerve-centres, or when the above-mentioned treatment has failed in its object and relapses occur, showing no decided influence in staying the progress of the disease, then the most rapid and thorough means of counteracting the poison is imperatively demanded, and the daily inunction of one drachm of mercurial ointment will be found the most successful.

The patient is confined to the bed, and

the inunctions are begun on the inner side of one calf, and the next day on the other; and in the same way on the thighs, arms, and chest. A warm bath is then—on the ninth day of the treatment—directed, and the surface of the body thoroughly cleansed with soap. Then the inunctions are repeated. The same directions for hygiene, diet, mercurialization, etc., are given, as mentioned under the calomel treatment, and the whole is in the same way followed by the iodide of potassium. It may be necessary to keep up the treatment from two to six weeks, or even longer. Of seventy-nine cases two-thirds were under the inunction treatment three to five weeks, two-ninths about six weeks, and one-ninth between two and three months. It is astonishing how well these patients bear mercury, and I have never had cause to regret pushing the treatment until the disappearance of the symptoms.

For individual symptoms—restlessness, paralysis, etc.—the common treatment holds good. Hydrate of chloral and morphia for restlessness, electricity for paralysis of the cranial nerves, electricity (not much good) and manipulation (greatly to be recommended) with hypodermic injections of strychnia in paralysis of the extremities,—all form valuable adjuvants in completing the cure.

In conclusion I will add that I lay no claims to originality in advancing this treatment, it being, with slight modifications, "as old as Methuselah." Whoever has so far been satisfied with those works of therapeutics mentioned in the beginning of my remarks on treatment, and will now adopt the plans I have recommended and compare the results of success, I am sure will bear kindly with me for again drawing attention to this ancient mode of applying the anti-syphilitic remedies. Relapses will occur under any treatment, but certainly with less frequency and less severity under the plan to which this article has called attention.

I take this opportunity of expressing my thanks for the assistance of my friend Dr. Wm. A. Johnston in the preparation of this article.

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ACCORDING to the report of Dr. W. R. Gilfoil, the attempted cultivation of the cinchona-tree in Australia is a complete failure, from climatic reasons.

DR. STOKES, of Edinburgh, has had an attack of apoplexy.

## A REMARKABLE CASE OF SYPHILITIC INOCULATION.

BY HOLLINGSWORTH NEILL, M.D.,

Surgeon to the Out-Patient Department of the Hospital of the University of Pennsylvania.

IT is with the hope that this case of syphilitic poisoning, which came under the writer's own observation, may prove of some interest to those of the profession who are more or less interested in this particular branch of medicine, that he has obtained permission to publish its history.

Mr. X. Y., until six months ago, was perfectly healthy. At that time he presented himself to me, having a small ulcer on the right side of the back of the glans penis, within a quarter of an inch of the frænum and an eighth of an inch of the corona. He stated that it had appeared about a week before, in the form of a small papule. This broke and left the present sore; the surface of this was dry and glazed. There was but slight induration, which, however, gradually increased as time wore on.

In about a month or five weeks constitutional symptoms appeared. These were marked enlargement of both the cervical and inguinal glands, roseola on the back and thighs, slight sore throat, and rheumatism in the large joints. Upon seeing these symptoms, I had no doubt in regard to the character of the sore. I immediately put him upon the protiodide of mercury, which he is still taking. All active symptoms have been absent for the last three months.

Upon his first visit I, of course, asked him how long it had been since he exposed himself. He stated, in reply, that he had had intercourse with but *one* woman for the past two years, and previous to that time with but one or two others, from his intimacy with whom no specific trouble had ever accrued. Let me say here that there is not the slightest reason to doubt a statement of his, he being a man "about town," in whom I had previously dilated a stricture. I immediately became interested, and asked him if he would not endeavor to persuade his mistress to submit to an examination. This she readily agreed to.

She was twenty-four years of age, and apparently perfectly healthy. There were no sores or scars upon the surface of her body. No nodules could be detected. Upon examination of the vulva, I found a large cicatrix at the base and on the inside of the right labia minora, where, she told me, there had been a sore a little over four years previous. She stated that she had contracted this from her husband, from whom she was now divorced; that about a month subsequent thereto a rash had appeared upon her body; that there had been enlargement of the inguinal glands;

that at the same time there was great pain in all of her large joints; that she had immediately consulted a physician (stating who it was), remaining under his treatment for a year, during which time she continuously took pills or fluid medicine three times a day; that about a month after the rash appeared, all symptoms subsided, and at the end of the year the physician discharged her, cured. From that time until this interview she denied having any symptoms whatever. She stated that her menses were perfectly regular. I then made a very careful examination of the vagina, and, after searching with an excellent light for half an hour, failed to detect any mucous patch. I made several subsequent examinations, all with the same result. At each I found the uterus covered with the normal amount of mucus, which was apparently healthy; that is, I could detect no pus in it. Upon wiping this away, its continuity was unbroken.

I may say here that I made no particular examination of her mouth, as it appeared perfectly healthy. I deemed this unnecessary, from the character of the man, and, I might say, of the woman also, as she was not a prostitute, having lived with no other man than her husband previous to this intimacy. From this time until about six weeks ago, she has been constantly under my eye, at all times yielding readily to any examination that I might wish to make.

During this period of four months and a half no eruption of any kind appeared upon the skin or mucous surfaces, and, to the best of my knowledge, no treatment was undergone.

I carefully inquired of my patient if he had used any public water-closets. He was sure he had used no other than those in his own house and that of his mistress, excluding any contagion from that source. He knew of no friend suffering from syphilis, and was not aware that he had handled anything upon which syphilitic poison might have been present.

Such is the history of the case.

The question naturally arises, By what means did the glans penis of this patient come in contact with syphilitic poison? I can suggest but three; the first two of which seem more than improbable, and the last, a mode similar to which few cases have been reported, and these few greatly doubted by many able syphilographers: 1, that the poison was conveyed to his glans by means of his hands in the act of micturition, they having been previously in contact with something syphilitic; 2, that he contracted it from the hands of his mistress, they also having been previously in contact with something syphilitic; and, 3, that he contracted it from uterine and vaginal secretions which, to the eye, were free from pus and apparently healthy.

I think this last hypothesis, assumed for the explanation of the exhibition of the disease, to be the true one, and that this is one more of those few cases reported, in which it has been contracted at a time when there were no constitutional symptoms present—*at least none could be detected*—from a woman who denied having had any such symptoms during the past three years and a half, and who positively did not have any during the four months and a half following the termination of that period. During these four months and a half she submitted herself to no treatment, unless—and this is more than improbable—she did so surreptitiously.

I have seen reports of none of the few cases that have occurred, although several authors refer to them.*

I think the history of this case gives additional weight to that view which tends to make us excessively guarded when asked to express an opinion as regards the liability of any particular woman to inoculate with this poison.



## IRRIGATION OF THE LARGE INTESTINE.

BY C. W. DULLES, M.D.

SOME time since, in reporting a clinical lecture of Dr. Alois Monti, of Vienna (*Philadelphia Medical Times*, August 4, 1877, p. 517), I gave an account of the method of irrigating the large intestine, which he uses so successfully in treating inflammatory conditions of that part of the bowel.

About the time of this publication I met one day Dr. W. C. Barrett, who spoke to me of a severe case of infantile enteritis then under his care. The child was aged six months; had been very ill, vomiting and purging incessantly; had at that time a rapid, feeble pulse; was in a state of extreme depression, and he thought must die. He had employed the usual remedies,—chalk, bismuth, opium, aromatic and astringent tinctures, with enemata of lau-

* In Bäumler's monograph he mentions cases reported by Lee, Morgan, Hill, Martin, and Lamwyk. But, with the exception of Morgan, it is not mentioned to what extent the constitutional symptoms were present, if they were present at all.

danum and acetate of lead; but all apparently in vain. Consequently he was quite ready, at my suggestion, to try the plan of irrigating the large intestine alluded to. This he carried out with a so-called fountain syringe, to the tube of which was attached a flexible male catheter. This being introduced into the rectum, cool—not cold—water was allowed to flow from a height of about two feet until good distention was secured, when with scarcely any pressure the end of the catheter passed smoothly through and beyond the sigmoid flexure, going well up into the descending colon. The water was now allowed to flow steadily on until about a pint and a half had entered, and inspection and percussion showed a large portion of the colon to have been filled. All medicine was then stopped, except mistura cretæ, and for food milk was allowed and the sucking of a piece of slightly-roasted beef.

The next day there was a marked improvement. "The method," says Dr. Barrett, "worked like a charm." He now repeated the irrigation, using not quite so much water. The improvement continued, and convalescence was so rapid that he considered the child well in six days. The vomiting and purging were gone, it was able to suckle and digest properly, and the only treatment used afterwards was a short tonic course to assist nature in repairing the inroads made by the disease upon the child's general condition.

The success achieved in this case seemed so plainly dependent upon the procedure described that it furnishes me a welcome opportunity to recommend it to others more explicitly than in the previous article. I have seen it used by Monti in a variety of disorders of the large intestine, as well as for the expulsion of worms and flatus, and always with good results.

In inflammatory conditions of the colon in children he has used solutions of nitrate of silver, such as have been recently recommended in the treatment of dysentery in adults by Prof. H. C. Wood (see *Philadelphia Medical Times*, October 27, 1877), but decidedly prefers less powerful astringents when—which is very rarely—any are required. In such a case he is apt to select alum in a one or two per cent. solution, sometimes adding a few drops of laudanum. In general, however, he confines himself to the use of simple water, beginning with a temperature barely cool and descending with the successive irrigations till it is about that of spring-water.

He never uses a predetermined quantity, but allows enough to flow in to fill the whole colon "*to the valvula coli.*" In children not yet weaned he finds more than two pints may be used; older children require up to twice this quantity. The quantities used in Prof. Wood's cases of adults were very small compared to these.

It should be stated, in regard to the mode of effecting irrigation, that Monti strenuously opposes the use of a syringe of any kind. The intermittent and uncertain action of these provokes resistance on the part of the intestine, and he thinks may do harm. The securing of an even and easily-regulated hydrostatic pressure is an essential feature of his method. *Still more essential is the distention of the rectum with fluid before attempting to pass the tube through the sigmoid flexure.* This precaution secures the smoothing out of the folds of mucous membrane and straightens the curves of the flexure, thus rendering the passage of the tube perfectly safe and easy.

Whatever variety of opinion there may be in regard to the possibility of sending an *injection* beyond the sigmoid flexure, there can be none in regard to the feasibility of "irrigation" by any who have tried or seen it.

Finally, I may say that no special position of the patient is necessary, though it is well, if convenient, to have the pelvis a little elevated. The steps of the procedure are sufficiently indicated in the case given above.

4041 Locust Street, Philadelphia.

## NOTES OF HOSPITAL PRACTICE.

### JEFFERSON MEDICAL COLLEGE HOSPITAL.

*CLINIC OF DR. R. J. LEVIS,*

One of the Surgeons to the Hospital.

Reported by John B. Roberts, M.D.

*OVARIOTOMY FOR THE REMOVAL OF A MULTILOCULAR CYST.*

THE case brought before you this morning is one of ovarian disease which is believed to be cystic in its nature. The patient's history, as shown by the notes of Dr. Charles Wirgman, the resident surgeon, is briefly as follows. Mrs. M., 41

years of age, and the mother of three children, has for about two years observed a tumor in the abdomen, occupying especially the right side. She was admitted to the hospital a few days ago for operation, and since that time has been kept upon a nutritious diet, and has been given tincture of the chloride of iron and quinine. Previous to the time of operation her bowels have been well emptied by castor oil, that she may not be obliged to void any fecal matter for a number of days subsequent to the operation. Her urine has very properly been examined by the resident, who says it contains no albumen.

Cystic disease is one of the most common affections to which the ovary is subject, and these cystic tumors may be unilocular or multilocular. The latter are distinguished from the former in that they consist of innumerable cavities, containing fluid, congregated together, instead of being a single distended sac or bag. The growths, besides the fluid contents, contain usually a certain proportion of solid matter in addition to the mere walls of the sacs, and therefore when they attain considerable bulk become of great weight. Their presence in the abdomen sets up inflammatory action; and as a result adhesions to the walls, to the omentum, and to the intestines are of frequent occurrence, especially if the disease be of long duration. The existence of these adhesive bands is a matter of great moment in regard to operative interference, for the more free the tumor the less probability of hemorrhage at the time of operation, and of the advent of peritonitis subsequently.

The diagnosis of ovarian cyst is important, and presents some points of difficulty; but careful examination will render the nature of the case apparent in nearly all instances. Ascites, or dropsy of the peritoneal sac, must be considered; but the differential diagnosis is here made by the facts that the distention of the abdomen is symmetrical and not developed originally on one side; that change of position of the patient from one side to the other alters the region of percussion-dulness, because the intestine readily floats upward on the ascitic fluid; and that peritoneal dropsy generally depends on disease of liver, kidney, or heart, and therefore occurs in persons much debilitated by the original disease, while ovarian cyst often exists a long time before the condition of the woman shows any marked deterioration. These points may, in cases, be strengthened by an exploratory puncture and a microscopical examination of the fluid.

Errors have frequently occurred by mistaking tumors of the uterus for cases of ovarian disease. In disease of the ovary the womb generally retains its position in the pelvis and its mobility, and is of normal shape and size, as determined by vaginal examination. In this case a digital examination shows the uterus to be freely movable in the pelvis, which could scarcely be the case if a uterine growth of any bulk existed, and the introduction of the sound into the cavity of the uterus shows the organ to be of normal size. Tumors of the omentum, mesentery, and other organs, complicated with ascites, must also be eliminated before an absolute diagnosis is made; and, by the way, ascites may at times exist along with ovarian disease itself, and serve to obscure the diagnosis. A point which will often be of service is this, that by pressing suddenly upon the abdominal wall with your fingers you will find your hand suddenly checked as the indented muscles strike upon the firm surface of the tense tumor within. This, of course, cannot occur if there is simple ascites without an intra-abdominal tumor, though it is not absolutely certain that the mass so felt is an ovarian growth. Again, by moving the abdominal wall sideways with the palm of the hand the surgeon perceives at times a sensation of friction or grating between the two surfaces. Whether or not the growth be composed of one or of many cysts it is frequently nearly impossible to determine; but this patient, in all probability, is suffering with a compound cyst of the right ovary without many attachments to the adjacent viscera.

The treatment practically consists of two measures; first, tapping, which relieves the symptoms only temporarily, because the sac soon fills up again; and secondly, extirpation of the tumor by ovariotomy. The radical treatment will be pursued in the present case, as the patient seems to be a favorable subject for operation and is willing to undertake the risk. The procedure is one of the most serious operations in surgery, for the peritoneum must be wounded and the surface exposed to the air, which renders the membrane liable to assume inflammatory action that may

lead to a fatal issue. In addition to peritonitis, pyæmia may be the cause of an unfortunate termination, or the patient may sink from exhaustion consequent upon the shock of so serious an operation.

The stages of ovariotomy are section of the abdominal parietes; tapping the various cysts to reduce the size of the tumor and allow its extraction through a small wound; severing the adhesions; excision of the tumor and ovary from the pedicle; arrest of hemorrhage, and proper measures to facilitate drainage from the abdominal cavity. In the present instance the hands and instruments, as well as the sponges, are dipped in carbolized water, and then an incision some five inches long is made in the median line, which brings to view the various cysts composing this multilocular tumor; then a large trocar is thrust into the sacs to allow the fluid to drain off. The fluid, as is readily seen at a distance, is sometimes coffee-colored, and sometimes perfectly clear and gelatinous: these differences depend upon the fact that the trocar punctures first one cyst and then another. A consideration of importance is to prevent, as far as possible, the escape of any of this fluid into the peritoneal sac, since it may cause subsequent trouble. The bucket is now about one-third full of this mixture of fluid and gelatinous material, and the tumor so much reduced that it can be extracted through the small incision. There seem to be no adhesions except at the posterior part, where the surface of the cyst is attached to a coil of intestine; this is now carefully detached and the tumor turned out through the wound in the belly wall. The success of ovariotomy depends much on the extent of adhesion, because the detachment of the bands may give rise to subsequent peritonitis, or may be followed by profuse hemorrhage from innumerable small vessels. In a case which I operated on a few years ago the attachments were very general, and, after dividing them, there was oozing from every point, so that the bleeding became uncontrollable and the woman died from loss of blood. We see in this case, at one point, evidences of old local peritonitis, which is not uncommonly set up by rupture of one of the small cysts of the growth; this, very likely, has been the case in the present instance. There is no hemorrhage here, and the tumor is now cut from its pedicle, which had been embraced in a clamp to preclude the possibility of hemorrhage. It, as you see, is large enough to fill this basin, and consists of many cysts that have not been punctured. The peritoneal cavity must next be examined and thoroughly cleansed, lest any fluid, clots, or even sponges be left within; and then the pedicle, with the clamp attached, is brought out at the lower edge of the abdominal wound, and sutures used to approximate the edges of the incision. A large tent of lint soaked in carbolized oil is placed at the bottom of the wound also, to afford free exit of the inflammatory products formed in the cavity during the next few days.

Sometimes instead of carrying the pedicle out at the wound an opening is made in the posterior cul-de-sac of the vagina, and the pedicle carried down in that direction, while the external incision of the abdomen is entirely closed. This method gives free drainage at the most dependent part of the peritoneal sac, and tends thus to prevent septicæmic influences.

A dressing of carbolized lint is applied to the wound, the abdomen is covered with a large mass of cotton, and the body surrounded by a bandage. The woman has been thoroughly and very quietly etherized during the operation, and will now be carefully watched lest any untoward symptoms occur. The urine must be drawn every six hours, and she shall be treated with suppositories of morphia and quinine.

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After the operation the patient reacted nicely, and in the evening was doing well. No vomiting had occurred, and the general symptoms, as evinced by the pulse, etc., were very favorable. The following day, however, she became restless, and showed signs of depression, which were combated by enemata of brandy and quinine; but she continued to fail, and died on the third day after operation, apparently from exhaustion, for there were no symptoms of peritonitis. Dr. Wirgman made an examination of the abdomen, and found the intestines of normal appearance, with no lymph upon the surface, and merely an ounce or two of serum in the peritoneal cavity.

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Professor Clelland, successor of Dr. Allen Thomson in the chair of Anatomy at Glasgow, in his recent inaugural address announced himself an opponent of Darwinism.

## TRANSLATIONS.

Combined Use of Chloroform and Morphia.—Prof. König, in a communication to the *Chl. f. Chirurgie* (No. 39, 1877), says he has combined the hypodermic administration of morphia with that of chloroform in a large number of cases, with very favorable results. It is seldom necessary to give more than one or at most two centigrammes (1/6 to 1/3 gr.).

The indications for the use of morphia during chloroform-narcosis are twofold: 1. Motor disturbances occurring before or during chloroform-inhalation, unless these are very transitory. 2. Operations of such a nature that the chloroform-narcosis cannot be maintained throughout, and especially towards the end. Among the latter may be particularly mentioned operations upon the eye, plastic operations, extirpation of tumors from the soft parts of the face. The object of using morphia is to induce analgesia over and above the chloroform-narcosis, and also that this narcosis should not be pushed so far. As regards any danger which may be connected with the combination of narcotics, K. esteems this lightly. He says that out of some seven thousand cases in which he has used chloroform, none have died from it, and many of these took morphia also. x.

Treatment of Syphilitic Laryngitis.—M. H. Duret (*L'Année Méd.*, No. 10, 1877), in the course of a review of M. Isambert's work on syphilitic laryngitis, suggests the following methods of treatment. The general treatment should consist in protiodide of mercury in pills (1/4 to 1/3 gr. ter die), or bichloride in solution. Should the affection have passed the secondary stage, iodide of potassium may be employed, or, in stubborn cases, the "mixed treatment." Tonics, iron, quinine, etc., are usually called for. The patient should carefully avoid catching cold, and should avoid the use of tobacco and alcoholic liquors. Complete repose on the part of the organ itself is absolutely essential. The local treatment is of great importance. In the early stages, when we have only congestion or superficial ulceration, insufflations of powdered tannin, alum, nitrate of silver, or, better still, spray of carbolic acid solution, or solutions of alum, acetic acid, sulphate of zinc, etc. When the laryngoscope shows ulceration, the local treatment should be more precise and energetic. Cauterizations at the seat of ulceration may be practised, by means of a small sponge moistened with tincture of iodine, solution of nitrate of silver, of sulphate of copper, 1 to 30; of alum, 2 to 30; of sulphate of zinc, 1 to 100. These substances are preferably to be dissolved in pure glycerine. The crayon of nitrate of silver or sulphate of copper may also be employed. Experience has shown that excessive inflammation and œdema of the glottis are not to be feared with this treatment. M. Isambert has obtained excellent results in rebellious cases by the use of chromic acid 1 to 8 and 1 to 5, which modifies the pathological tissues advantageously. When necrosis of the cartilages sets in, a practised surgeon may sometimes succeed in preventing extension of the injury by cauterizing the diseased points by means of the galvanic cautery. Dr. V. Masson, in his thesis (Paris, 1875), has given the indications for tracheotomy with great exactitude. The surgeon may be called upon to perform this operation on account of asphyxia from œdema of the glottis, gummy tumor, or vegetations obliterating the air-passages, abscess, inflammatory swelling, or obstruction by loosened portions of necrosed cartilage.

When asphyxia comes on progressively, Isambert recommends cauterizations by chromic acid (1 to 3), thus crisping the swollen tissues, giving access to the air, and sometimes influencing the disease favorably at the same time. He reports two cases cured in this way. The patient must, however, be carefully watched, and if relief is not gained it will be necessary to operate. When the progress of asphyxia is sudden, tracheotomy is to be performed at once, even when the patient is *in extremis*. M. Trélat reports seventy-six recoveries in one hundred cases of tracheotomy in œdema of the glottis from syphilitic laryngitis. x.

Creasote (True) in the Treatment of Pulmonary Phthisis.—Drs. Bouchard and Gimbert (*Bull. Gén. de Therap.*, v. 2, 1877, p. 289) allude to the existence of two varieties of creasote, one derived from the distillation of wood-tar, the other the ordinary creasote of commerce. The density of the former is 1060, that of ordinary creasote 1040. If into a dilute alcoholic solution of these creasotes a few

drops of a dilute aqueous solution of perchloride of iron is dropped, there is developed, in the case of the wood-creasote, a greenish coloration, changing to brown, and in the common creasote a bluish color, which becomes violet. Common creasote coagulates collodion, while true creasote leaves it quite transparent. These reactions differentiate true creasote from carbolic acid. According to Messrs. B. and G., true creasote has never been administered in sufficient dose or in a proper manner to produce its best effects. They have used it in mixture with alcohol, water, and cod-liver oil. One of their formulæ is as follows:

℞ Wood creasote, 13 grm. 50 (f℥iij ℔x);
Alcohol, 250 grm. (f℥viij);
Sherry wine, sufficient to make 1 litre (Oij). M.

In certain cases of apepsia this may be mixed with tinct. gentian. A tablespoonful contains 20 centig. (3 gr.) of creasote. One or two may be taken in a glass of water, morning and evening. Certain patients, children in particular, cannot take this preparation. In such cases, cod-liver oil, which dissolves creasote, may be used.

℞ Creasote (from wood-tar), grm. 1 to 2 (gr. xv ad ℥ss);
Ol. morrhuæ, grm. 150 (f℥iv, f℥vjss). M.

This solution is quite limpid, and not at all acrid. Children take it very well.

Messrs. B. and G. have administered creasote, in one or the other of these mixtures, in a number of phthisical patients, continuing its use through considerable periods of time, and with satisfactory results: cough and expectoration cease, fever and consumption disappear, patients take on flesh, and physical examination shows either a return to health or some process of cicatrization. The patients have been *apparently* cured. The authors give some statistics in support of this assertion. Cough is usually arrested by the amelioration of the disease. Occasionally, however, the creasote acts as an irritant and has to be abandoned. Vomiting from coughing is less frequent; diarrhœa and albuminuria are unaffected. The most marked results have been observed in cases accompanied by profuse expectoration. X.

Blue Bile.—At a recent meeting of the Académie de Médecine (*Le Mouvement Méd.*, 1877, p. 428) M. Planchon communicated, in the name of M. Audouard, an interesting note on blue bile. M. Audouard had occasion to examine an intensely blue liquid which had been vomited by a woman just before death. Poisoning by some salt of copper had been suspected, but chemical analysis showed the vomited fluid to consist simply of bilious matters colored by some pigment which by its fluorescence and the absorption-band which it gave in the spectrum seemed analogous to one of the products of biliverdin. Nevertheless, all the properties of this liquid presented a great affinity with those of the pigment isolated by M. Ritter from human bile and found also by him in the bile of other mammifers. X.

Poisoning by Mushrooms.—At a recent meeting of the Académie de Médecine (*Bull Gén. de Thérap.*, v. 2, 1877, p. 183) M. Gubler read a report upon a recent work of Prof. Oré, entitled "Experimental Researches on Poisoning by *Agaricus Bulbosus*." M. Oré lays particular stress upon the nervous disorders occasioned by the active principle of the poisonous agaric (*Am. phalloïdes*), and also upon certain paralytic phenomena of a very transitory nature. These disorders consist essentially in a spasmodic condition such that the slightest excitation determines muscular jerkings or generalized convulsions, so that the animals appear to be the subjects of true tetanic attacks, coming on from time to time in apparently a spontaneous fashion. M. Oré has even observed tetanic rigidity among the phenomena constantly observed after death. X.

Phosphide of Zinc.—Gros, in *La France Médicale*, No. 74, 1877, extols this article, and advises its use in nervous affections, and especially in hysteria; giving at the same time a long list of neuroses in which it has been successfully used by physicians in America and England. He says that, though hysteria is an affection strange in its termination, so many cures have been reported that we should prefer this remedy to others because of its promptness of action, its facility of administration, and its innocuousness. It is stated that, contrary to expectation, it is innocuous, because if a toxic dose is given vomiting invariably occurs, which prevents the poisonous action of the drug. The best form for administration is the granule. J. B. R.

Puerperal Infection of New-Born Children.—There are recorded three cases of this kind in *Centralblatt für die Med. Wissenschaften*, No. 32, 1877, p. 588. The first was under the observation of Von Hecker, and is recorded as follows. A woman in the last stages of pregnancy was operated on for tracheo-stenosis which threatened death. Subsequent to the tracheotomy it became evident that a fatal issue would ensue from secondary hemorrhage, and Cæsarean section was done forty hours later to save the child. The mother died, and the child, when one and a half hours old, was taken into the confinement ward. It became sick on the following day with symptoms of puerperal infection, as shown by dyspnœa, high temperature, dislike of nourishment, and grayish-yellow color of the skin, and died forty-eight hours later. The examination showed double purulent pleuritis and pneumonia. As the umbilical cord had not yet sloughed off, infectious miasm was apparently admitted by means of the respiratory function.

Küstner has collected two cases where children, aged respectively two and three days, died of pneumonitis and pleuritis. Both children were exposed to inhalation of the discharges, which in one case were certainly putrid. One mother died on the fourth day of septic poisoning with peritonitis, the other had facial erysipelas and some uterine inflammation. It is concluded by Küster that the lochiæ in impure air become a particularly good generating fluid for fermenting bodies, and may produce pneumonia and septic poisoning if inhaled when putrid, or if they give rise to a putrid condition in the lungs subsequent to the sojourn of the child in the impure air. J. B. R.

Influence of the Spinal Cord on Temperature.—The experiments of Parinaud (*Centralblatt für Chirurgie*, No. 35, 551) on rabbits show that section of the medulla in the dorsal and cervical regions is followed by a diminution of temperature as shown by the thermometer in the rectum. The decrease of temperature is evidently due to the cooling of the portions of the body paralyzed by the section of the cord, for their temperature, as taken in the ham and axilla, during the whole experiment is lower than that of the anterior portion of the body, which still has direct connection with the brain. On the contrary, however, he found in the region of the paralyzed portions an increase of heat of the skin and toes, but this symptom, being due to paralysis of the vaso-motors, is temporary, and depends upon the relation of the temperature of the skin before the experiment to the temperature of the surrounding atmosphere. The experimenter concludes that this decrease of internal temperature after section of the cords results in the following way. The temperature of the paralyzed portions is immediately elevated on account of vaso-motor paralysis, but in consequence of the great extent of surface and the accelerated circulation in the cutaneous vessels, more heat than usual is given off by these parts. On the other hand, the process of oxidation has its activity lessened in the tissues of the palsied region. Hence, as there is greater radiation of heat from the skin, and greater decrease in the production of heat in the tissues of the affected parts, there is of necessity a diminution of the internal temperature. J. B. R.

Cutaneo-Pharyngeal Fistule cured by the Cautery.—Dr. Ricardo Guijo reports in *La Andalucia Médica*, August, 1877, p. 169, a case where a fistulous track extended from the front of the neck at the level of the thyroid cartilage, backwards and to the right, until it opened, not into the larynx, but into the pharynx, as was proved by injecting water into the cutaneous orifice. After trying unsuccessfully tincture of iodine and solutions of nitrate of silver as local injections, he passed a probe along the crooked path, and upon this a canula; afterwards he pushed through this a red-hot copper wire, fitting the canula, and thus cauterized the parts without danger of forcing the red-hot wire into other tissues. The pharyngeal opening soon closed, but a second cauterization was required to complete the cicatrization along the whole track of the fistula. The cure was permanent. J. B. R.

Curara in Epilepsy.—C. F. Kuntze (*Deutsche Zeitschr. f. prakt. Med.*, 1877, No. 9) suggests the employment of subcutaneous injections of 0.5 grm. (gr. $7\frac{1}{2}$) curara in 5 grm. (℥iv) water with the addition of two drops of hydrochloric acid. Eight drops of this solution are injected, in adults, at intervals of a week. In a number of cases in which this method of treatment was employed, a few weeks sufficed to bring about a marked amelioration in the epileptic symptoms. X.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, DECEMBER 22, 1877.

## EDITORIAL.

### ANTHROPOLOGY IN THE INTERNATIONAL EXPOSITION OF 1878.

TO medical men one of the most attractive features of the approaching Exposition at Paris will be the section devoted to anthropology. Under the auspices and personal labors of De Quatrefages, Paul Broca, and De Mortillet, respectively President, Vice-President, and General Secretary of the Anthropological Society of Paris, aided by Drs. De Rance, Topinaud, Duveau, Bertillon, Hayem, and other members of the Commission, it is expected that the exhibition of anthropological collections of all kinds will be so complete as to add much to our knowledge by affording opportunities for comparison never before offered.

It is greatly to be desired that American savans and physicians will not be behindhand in contributing their share towards this result.

The Commission ask for—

1st. Crania, bones, mummies, and fragments, showing the comparative characters of both living and extinct American races.

2d. Instruments of peace and war, with descriptions or other portrayals of methods of teaching among primitive inhabitants.

3d. Relics, photographs, picture drawings, sculptures, and models of prehistoric or ethnographic monuments.

4th. Geographic and other charts or tableaux, concerning ethnology, philology, medical geography, traditions, etc.

5th. Books, pamphlets, and periodicals on the same topics.

The medical profession of this country could, if it were so minded, secure the success of the American branch of the anthropological section, and in so doing show to the European world the width of its culture and sympathies. We sincerely hope that individuals and societies will act in this matter. The details as to the ways of approaching the Paris Commission may be obtained from Dr. E. Seguin, No. 41 West Twentieth Street, New York.

### OBSCENE LITERATURE.

OF all devilish trades the most devilish seems to be the systematic attempt at debauching the young men and women of a country, as it is carried on by publishers of obscene matter. The amount of work done may be surmised from the following list, from the Seventy-fourth Annual report of the English Society for Prevention of Vice, of books, etc., seized: "374,186 obscene prints, pictures, photographs, and negatives; 56,054 books and pamphlets, mostly illustrated with abominable engravings; 5 tons and upwards of letter-press of the same character in sheets, besides large quantities of infidel and blasphemous publications; 26,780 sheets of obscene songs, catalogues, handbills, etc.; 6840 cards, snuff-boxes, and other articles; 98 grossly obscene models, life-size, in wax; 844 engraved copper and steel plates; 430 lithographic stones; 159 wood blocks; 11 printing-presses, with all the tools and apparatus for printing; and 82 cwt. of type, including the stereotype of several entire works of the grossest immorality." Of course the publications which ran the blockade must have exceeded those captured, or the trade would not continue. We suggest that the whipping-post should be revived for the use of the utterers of such deadly poison.

THE ANNUAL REPORT OF THE SURGEON-GENERAL U.S.A. contains the usual information as to accounts, etc., besides some few facts that are of general interest. The disgraceful condition of the Pension

Bureau service shown in it demands instant remedy. Owing to the false economy enforced by Congress in the reduction of the clerical force, a year and a half's work has accumulated in answering applications for pensions. The fact that five thousand six hundred and fifty cases of wounds and injuries have occurred in the army in the year speaks volumes for the constant overstrain there is upon the small band of heroes who are so persistently persecuted by the American Congress. The present is supposed to be a time of peace, but in a single year one in every four men (accurately, five in twenty-one) has been wounded or injured.

The work upon the Army Reports and upon the Library appears to go on with unabated zeal and success, and we sincerely trust that no penny-wise-pound-foolish Congressman will be able to do injury to these departments during the coming session.

THE night medical service, whose organization in Paris we noted some months since, is working well. It will be remembered that the police authorities guaranteed the moderate fees agreed upon. It is stated that during 1876 the defaulting payments have amounted to less than two hundred dollars.

## LEADING ARTICLES.

### THE ABUSE OF THE FREE DISPENSARIES—A REVIEW OF THE FIELD.

IN my communication to the *Times* of November 10 it was stated that as yet no statistics of the attendance upon the free dispensaries had been made out for any of the American cities. Too late for the correction to be inserted, the *Boston Medical and Surgical Journal* for November 1 appeared, containing an abstract of a paper read before the Norfolk District Medical Society of Massachusetts by Orville Rogers, M.D., giving the attendance at the Boston dispensaries and hospitals during the year 1876. According to this paper, 92,977 persons were treated gratis in that city. The population of Boston being somewhere in the neighborhood of 363,940, it would seem that over one-fourth of the whole population received free medical services during that year. The statistics published in the *Medical Times* made it evident that the number of persons treated at dispensaries and hospitals in that year and in this city was about twenty-three per cent. of the whole population. So it seems that medical charity is more abused in Boston than here. This may easily be understood when we note the startling fact that one institution alone —the Boston Dispensary—treated at its central office and in its districts no less than 48,739 persons during the year. A careful inspection of the Boston Dispensary report, published in the same number of the *Journal* with Dr. Rogers's paper, shows a total of 68,463 visits made by the 24,029 patients treated in the medical and surgical departments. This proves that the same proportion, of about one to three, holds, between patients and visits made by them, in Boston as in this city.

The publication of an abstract of my paper in the *Public Ledger* of this city elicited the fact that dental free clinics and dispensaries were afflicted in the same manner as were the medical charities. A "Retired Dentist," writing to the *Ledger*, complained that persons unquestionably able to pay their dentists' bills were in the habit of seeking admission to the free service of a dental college and so evading payment.

Within the past month or so quite an extensive literature has sprung up concerning the abuse of medical charities. In its issue of September 6 the *Boston Medical and Surgical Journal* entered into quite a rigorous and philosophical consideration of the much-mooted question, and the conclusion reached by the editors at that writing was clear and unmistakable. It was that medical charities in that city and elsewhere were the subjects of most flagrant abuse, and were most undoubtedly doing their best, unwittingly, perhaps, to pauperize the community. The writer of the editorial in question was not, however, at all sure in his own mind that he saw any immediate means of remedying the mistakes daily committed. As far as conviction went, the position of the *Journal* on September 6 was firm and unmistakable. Since

that time "a change has come over the spirit of its" lucubrations, and in the issues of November 1 and 22 the editors have been eagerly engaged in the unenviable process of swallowing their own arguments, so that at the latest hearing we are able to note statements somewhat as follows. The editors do not believe that, if dispensaries were abolished, the young practitioners would be benefited by the change, but that all the poor-practice would fall either into the hands of quacks, or into those of physicians of note. They hold that the poor are better treated at the dispensaries than they would be were the dispensaries abolished. It is affirmed that closing the dispensaries would put an end to the instruction of young physicians; that the poor expect the advice of a well-known physician in return for money; so that the young doctors would still have to treat them for nothing. Dr. Davy's advice is also quoted, to the effect that no man should begin the study of medicine with a view to practising who is not already wealthy enough to support himself without the aid of his patients' fees.

It is scarcely worth while to take the time to set down replies to each of these statements separately and in order, for if they were each and all of them unanswerable they would not in the least invalidate the strength of the main argument in the matter, which is that indiscriminate medical charity, as it exists to-day in all of our large cities, is fatally pauperizing the community, and so offering a most vicious example both morally and socially. When the *New York Medical Record* proceeded editorially to call the attention of its Boston cotemporary to the above lamentable state of things, the piteous answer came back somewhat as follows: "Well, we do allow that it is rapidly pauperizing the community at large; but, really, what remedy can you suggest to us? What can be done to put a stop to it?" So much for affairs in Boston.

In New York the flagrant abuses of free medical dispensaries have been long known and most deeply deplored. The *Record* has for six months, or so, been harping so steadily upon the one same string that it has at last thoroughly aroused the profession in that city to action. Various plans have been proposed for the correction of the evil, and a great deal of true enthusiasm shown in the cause of reform. At a recent meeting of one of the New York medical societies, an interesting paper upon the much-debated subject was read by Dr. Gibney, and some very excellent advice offered as to the best means of placing medical charity upon a new and careful basis. Nothing definite has as yet been done, I believe; but when people once set themselves at work to thoroughly canvass the matter in their own minds, they have already advanced a long way towards a successful and feasible plan of concerted action.

I would like to call attention to a letter, published in this number of the *Times*, from Dr. Carter, resident physician at the Northern Dispensary. He attacks the accuracy of my figures (in the table published on November 10) with regard to the Northern Dispensary. In so far as he has set me right I am bound to thank him; for what I wished to reach was the truth of the case. I did not set out, as he supposes elsewhere in his letter, to array in the interests of reform an entirely fictitious and exaggerated list of cases. I contend, however, that my figures were those which any intelligent reader would have adduced upon careful examination of the printed report of the Northern Dispensary for the year 1876. In that report it states that the whole number of patients treated during the past year was 18,684. Some distance below this paragraph, and on the same page, I read that the number of teeth extracted was 1707. Very naturally, in making out the total number of cases treated, I added the 1707 to the 18,684, and got 20,391 as the grand total. Dr. Carter reminds me that the 1707 was included in the 18,684. I am very glad to receive this correction, and hope if I have fallen into any more unavoidable errors (for I cannot "go behind the returns" and reach conclusions different from those stated in the reports), such as the above, that the authorities of the other forty-three institutions mentioned in my table will hasten to set me right. Thus far none of them have questioned the accuracy of the figures. Dr. Carter further states that the 1707 persons who came to the dispensary to have their teeth extracted made but one visit, took away no prescriptions, and therefore could not have deprived the physicians of any patients; but that perhaps the dentists might have reason to complain. "Incidit in Scyllam," etc.,—

he is only throwing the burden off A.'s shoulder to put it on B.'s. These are just the cases to which the "Retired Dentist," who wrote to the *Ledger*, refers. The doctor states that there were no in-patients during the year 1876, while the printed report distinctly says that "the lying-in department had 79 parturients recommended to its care."

Again, Dr. Carter goes on to state that I have entirely overlooked the "probable repetition on the register by the same individual with a different disease," etc., and says that "until some method can be devised by which the real number of persons," and not cases, "can be discovered, the statistics are worthless." I can state, however, that I made numerous inquiries at dispensaries and hospitals, and found that the number of repetitions on the registers by the same individual was so small that it could with perfect propriety be omitted from consideration. I would, in passing, like to submit that the printed report of the Northern Dispensary states that during the year 1876, 18,684 *patients*, and not *cases*, were there treated, and that I, in my table, used the word *patients*, which seems to be synonymous with *cases*, and not the word *individuals*, in making out my lists.

The doctor further remarks that from what I had written one would be led to believe that all the cases applying at dispensaries for treatment were unworthy ones, and that such statements as mine ought not to be allowed to appear in a "semi-official" way, as they might furnish an excuse to contributors for withholding their contributions from charities so needy of constant support. Dr. Carter is to be admired for standing up and saying a brave word in behalf of his business while other resident physicians have sat still and remained altogether silent. Unfortunately, however, the doctor stands alone in his defence of the self-evident and universal abuse of the free dispensary system. No one would be so unthinking as to state that *all* the applicants for free medical treatment were unworthy of it; but that *very many* of them are, there cannot remain the slightest doubt. At one dispensary in London forty-nine per cent. of those attending its service were found to be impostors.

The abuse of medical charities in Philadelphia demands the immediate and thoughtful attention of the profession, and of the whole community. A vast number of plans for the correction of the abuse have been proposed abroad and in New York,—provident dispensaries, home dispensaries, paid district visitors, etc. But one course of action has proved successful, and that is the shutting up of the dispensaries. Two hospitals in London have closed their out-door departments; and the Jewish Guardians of the Poor in that city have, after much deliberation, followed the same plan. It is very certain that even if every dispensary and hospital were closed the poor would still be attended to. No doctor would refuse to attend himself upon any poor person that should apply to him, or, at least, to recommend to this poor person some young physician of his acquaintance. Every one knows how very unsatisfactory to the attending physician are the vast number of dispensary cases. The disease has perhaps reached the most interesting and critical stage in its course, and the doctor is beginning to take much scientific interest in his patient, when suddenly he takes it into his head that he derives little or no benefit from that dispensary; so off he goes to the next. The doctor is not only unpaid, but is also prevented from studying thoroughly the results of his plan of treatment. Let me repeat: I say *that young physicians would be very glad to attend the poor and take the chances of a fee, and that they would undoubtedly prefer attending them at their homes rather than at the dispensaries, since they could thus study the particular diseases with much more profit and scientific precision.* This seems to be the conclusion of all thoughtful writers and thinkers upon the subject, both abroad and in this country. Much as Dr. Carter bewails such a course, the only efficient way of closing the dispensaries would seem to be that of demonstrating to their managers the true state of affairs, and requesting them in future to refrain from contributions. The fact is, that the dispensaries are not demanded by the times. In the earlier years of the city, when doctors were few and patients of moderate means had not as yet adopted the dispensaries as an easy means of economy, the case was different. *To-day the supply is running far in advance of the demand.*

As concerns the often-repeated assertion that the mass of the poor population deprived of dispensary advantages would but

gravitate into the clutches of quacks *et id omne genus*, it is simply untrue. There always have been, and always will be, individuals whose particular business and mission in this world seems to be that of allowing themselves to be duped and swindled upon every possible occasion; these form the quack's abundant harvest; but the vast majority of poor persons are too wise to be deceived, and possess quite as large a stock of common sense as their richer neighbors. Just as homœopathy finds most of its converts in the middle and upper classes of society because people in those classes are better able financially to be trying experiments, so the apostles of quackery are not by any means of necessity the exceedingly poor, but a strange medley, drawn together from all places and all orders, of the eccentric, dissatisfied, hypochondriacal, and unsettled elements of the community.

SAMUEL M. MILLER.

## CORRESPONDENCE.

### LONDON LETTER.

THE work of the winter session at the medical schools is now in full swing, and the total number of medical students is very satisfactory as regards keeping up the supply, while the matriculation examinations maintain the quality of this supply. Great competition exists amidst the different schools for students, and the pass-lists of the College of Surgeons are paraded conspicuously. It is a matter of thorough satisfaction to all men who love their profession to know that these "pass-lists" of the various schools are soon to be done away with, and that students will be taught their profession rather more, and somewhat less exclusive attention be paid to the mere percentage of passes at the year's end. A man needs something more than merely enough to scrape through the ordeal which meets him in the theatre of the College of Surgeons. And a rather imposing sight that theatre is when arranged for examination: splints, bandages, wooden amputating-knives,—so that a nervous examinee may not cut himself or somebody else,—surgical instruments of every description, and a whole mass of material to test the student's readiness of resource in emergencies, are there; all presided over by a tutelary genius,—Mr. Stone. Many hundreds of men when in that theatre have felt their hearts in closer propinquity to their mouths than strict anatomical accuracy would permit of.

The Nemesis of the furious anti-vivisection agitators has come in the form of a decided increase in the number of deaths from hydrophobia lately. We heard a great deal about the ill usage of the intelligent dog by the physiologists; huge posters were put up on hoardings, showing most valuable dogs being operated upon,—very different from the animals the grants for scientific research will permit of. The claims of the brutes to consideration were paraded far and wide, and man's comparative worthlessness was insisted upon. It has been said that if dogs had been let alone, and only cats, rabbits, guinea-pigs, and frogs been used, little would have been heard of the anti-vivisection outcry. But when affectionate females looked at their little four-footed pets and friends and began to conjecture their sufferings under the knife of the torturing physiologist, their feelings overcame them altogether. Of course the dog-stealer knows the value, real or supposititious, of these pets much too well to dream of offering them to the experimenter; but in ignorance of such facts the effusion of feminine sympathy flowed on vigorously. And now comes the turn of the tide. Is the life of a father of a family—of a bread-winner—to be at the mercy of a neglected cur every time that he goes abroad? Man is liable to meet a brute and after a severe fight get the worst of it, the animal escaping, while the man goes home to have his wounds dressed and cauterized, and then ultimately to die of hydrophobia, as actually happened to a poor clerk a while ago at Hampstead. And thus a family is reduced to the direst straits because there exists no machinery by which stray and ownerless curs can be prevented from endangering human lives. To my mind, this is putting human life at a needlessly low value; and a good many other people are coming to the same conclusion. It seems strange that the attached and numerous friends of the dog are unequal to the intellectual effort of inventing a form of muzzle which will not make the brute uncomfortable but which will prevent his biting. If the advocates of the dog would do this much towards easing the minds of those who are endangered by their fancy for the animal, there would be much more satisfaction felt generally. In the mean time the British Medical Association has made a liberal grant to a committee of scientific men of the highest eminence, to investigate hydrophobia. Probably the most interesting and complex phase of the anti-vivisection agitation is now being entered upon. Of course dogs must be used for the requisite experiments; and then it will be seen what their friends will have to urge against their being so used in order to see what may be done to protect man against the dog. It is too much to expect these infuriated agitators to recover their reason all at once; but time will tell how they are going to behave themselves, and whether they are able, or unable, to make a fair estimate of the comparative value of human and canine life.

A very ingenious little instrument was exhibited before the Harveian Society the other evening, viz., Dr. Reginald Southey's *trocar and tube* for tapping œdematous legs. It consists of a tiny trocar and perforated canula, which is inserted obliquely through the skin of the leg above the ankle-joint. The trocar is withdrawn, and then the fluid runs away down the tube freely,—indeed, in some cases in quite a little stream. The tube can be brought over the edge of the bed to a receptacle, and thus the bed be kept perfectly dry. Or, if the patient is sitting up, the tubes do away with those sodden bandages otherwise necessitated. What a boon this instrument is to the patient can be easily imagined by any one who has had experience of dropsical patients with either natural runnings of an eczematous nature, or who have had their legs punctured artificially. From the comfort side of the question they are invaluable. The testimony as to their efficiency was conclusive. It was even stated that they had succeeded in giving efficient relief where incisions had failed. Several members of the Society testified to their great utility, to the readiness with which they could be used, and to the fact that the punctures did not lead to sloughs or to gangrene. Indeed, the little instrument seems to be a most valuable aid to the treatment of persistent œdema of the lower limbs. Much, however, depends upon the association and relations of the œdema. It may be very gravely questioned whether tapping in any form does much good in pure cardiac dropsy, while it certainly, on the old plans, added much to the patient's discomfort. It must be admitted that the weight of the swollen limb causes much distress, and any means of getting relief therefrom would be readily accepted by the patient. But if no such relief is attained, and to the pre-existing discomfort is added that of saturated bed-clothes, then it is unfortunate that any operation has been attempted. On the other hand, where there is also long-standing kidney disease, and the arteries are tortuous and atheromatous, indicating the high tension to which they have been exposed, and the heart is enlarged and hypertrophied, though bearing evidence of no longer being in a state of structural integrity, then tapping the legs gives great relief. Old men even are thus often so relieved that they recover for a time, and are free from any œdema for months after the operation. Consequently, before deciding upon any form of tapping, it is absolutely essential to make an accurate diagnosis.

A case of the utmost importance to the whole profession, not in Great Britain only, but everywhere, was tried before Mr. Justice Hawkins, at the assizes at Northampton, on the 9th of November. It was a charge against a surgeon's assistant of criminal assault,—of rape upon a patient when under the influence of chloroform. If there is a dastardly crime, it is to take advantage of a woman's helpless unconsciousness to violate her person. And so the magistrate thought, who sent the accused to jail on the 14th of September, declining to hear anything in his favor, and resolutely refusing to accept bail. The charge was that a married woman named Child went to the surgery of her family medical attendant to have her teeth operated upon. She had been there a day or two before, but the attempt to put her under chloroform then failed. A second attempt was rather more successful. She evidently had some peculiarities or idiosyncrasies in relation to chloroform, for he gave it for an hour and yet she was never sufficiently under its influence to admit of the operation being performed. She was accompanied by a friend,—a Miss Fellows. At the end of the hour Miss Fellows went out of the room and saw Mr. Child. In a quarter of an hour Miss Fellows returned. The prosecutrix maintained that on Miss Fellows's return she was quite conscious, but unable to speak. Finding it impossible to perform the operation, the accused accompanied the prosecutrix and her friend home. So far Mrs. Child had been unable to speak, but shortly after the accused left the house she complained to her husband that he had taken advantage of the absence of Miss Fellows to assault her criminally. Next day, when the accused called, he was told about what she had said, and he replied that she was laboring under a delusion. Under cross-examination Mrs. Child said that she told the accused that if he would admit the offence and quit the town (Birmingham) she would forgive him. This the accused declined to do, denying that he had committed any offence. He was then given in custody. The prosecutrix stated that the offence was perpetrated immediately after Miss Fellows left the room; that the prisoner went upon his knees and then assaulted her. Miss Fellows stated that on her return she found Mrs. Child in precisely the same position in the chair which she occupied when she went out of the room. Such were the facts of the case. It was quite clear that there had been either an assault committed, or that the woman was under the influence of a very pronounced delusion. The whole of the accused's conduct was in favor of the latter hypothesis. But in such a matter, where no third person was present, the statement of one of the two parties concerned must be taken. When a woman whose character was apparently without blemish (for in cross-examination no attempt was made to call her reputation in question) makes a definite charge against a man of assaulting her under circumstances which permitted of such an assault, the law could only send the case to a jury. In the mean time the unfortunate surgeon's assistant was sent to prison.

When the case came to be tried, a large num-

ber of medical men of repute came forward voluntarily to aid the accused's defence, and did this quite gratuitously. The chief witness for the defence was Dr. B. W. Richardson, F.R.S., whose celebrity is world-wide. As is well known, Dr. Richardson has studied anæsthetics very carefully and for many years. He stated that there were four stages or degrees in which chloroform operated. The first stage was that in which consciousness was not lost; there was resistance and a desire for air. In the second, consciousness is lost, but the operation is impossible, the patient screaming often without provocation. The third stage is that of complete unconsciousness and where all rigidity is lost. This is the stage which permits of operation. In his opinion the patient was in the second stage; the third never having been reached. He stated that in his own experience he had known persons in this second stage to have delusions as to what had taken place during that time. He related a number of cases, and stated that the fact of such delusions being induced by chloroform was one of the earliest objections raised to its adoption. He related one case where the patient, a female, was being operated upon by a dentist, and alleged that the dentist criminally assaulted her. And this she persisted in though her father, her mother, Dr. Richardson, and the dentist's assistant were all present throughout the whole time. She persisted in her conviction long after the effects of the chloroform had passed away; and Dr. Richardson said she was probably of that belief still. This evidence of Dr. Richardson's was corroborated by the experience of Dr. Hawksby, of London, and Dr. Saundby and Mr. J. F. West, of Birmingham. The judge asked the jury if it was necessary to sum up, and they replied it was unnecessary,—they were already agreed upon a verdict of acquittal. Mr. Justice Hawkins pointed out that such a verdict would not be the slightest imputation upon the absolute sincerity of the prosecutrix, who no doubt firmly believed every word of what she had said. He then congratulated the accused upon having had an opportunity of fully vindicating himself from the charge preferred, and said that the verdict of acquittal did not mean that there was insufficient evidence, but that the accused was entirely cleared of any imputation in respect to the charge preferred against him. There could be no doubt the prosecutrix labored under a delusion. The accused was then discharged from custody, having been in prison two months for no offence. It is not merely that this unfortunate man was imprisoned for two months for an imaginary offence, but that any man who is present when a woman is being put under chloroform is liable to have the same charge brought against him, that gives this case its gravity and importance.

Such being the case, it becomes necessary that a little more should be known amidst the profession, as well as the laity, as to the occurrence of erotic sensations in woman. The subject is not a very pleasant one, but that is no reason why it should not be investigated. If it is a fact, and there is no doubt about this, that women when being put under chloroform are liable to those erotic sensations which they experience from sexual intercourse, the sooner the fact is generally known the better. It is just the mystery which surrounds such facts that permits such a monstrous hardship as that mentioned above to be a possibility at all. Of course it is obvious enough to any one that it is a delicate matter to inquire into the subjective sensations of women. But if these subjective sensations take the practical form of a charge of rape, two months in jail, and a trial by jury, they pass from the domain of sentiment and enter that of stern reality. Few, comparatively few, of the profession seem to be aware that women are subject to conditions and sensations identical with those associated with the sexual act, which arise quite subjectively and without any extrinsic stimulus. The delusion of St. Catherine that the devil visited her every night and enjoyed her person when she was asleep and could offer no resistance, is no unique experience, but one common enough to woman. Every one familiar with asylum work knows that a certain percentage of women patients have the delusion, among others, that the medical superintendent comes nightly to their bed and violates their person during sleep. Of course there is no foundation of any kind for such a delusion, except the subjective sensations of the woman herself. How strongly such a delusion, however, may be fixed in a woman's mind is evidenced by the case related by Dr. Richardson, where the woman persisted in her belief though her own father and mother as well as others were present, and where such assault was physically impossible. Such being the case, it behooves every man who is to be present with a woman when she is to be placed under chloroform to see that there is at least one other person present, and that, too, the whole time, without intermission, during which the woman is under the influence of chloroform, and that such other precautions be taken as will preclude the possibility of such a charge being raised. That Mrs. Child charged this unlucky man in good faith need not be questioned for a moment. She was far from being hostile to him, for she offered if he would avow his guilt and leave the town she would forgive him. The charge was not pressed from any rancorous spite; that is abundantly clear. But it is equally clear that something had occurred to that woman which she interpreted into the sexual act, and that this was so firmly fixed in her consciousness that it could not be dislodged. It becomes necessary then that the subjective sensations of woman should be investigated and made the subject of scientific observations, and sec-

ing that they exist they must have a scientific value; and that no prudishness should prevent attempts being made to ascertain what the actual facts are, and what is their interpretation.

The question of the state of the heart of the late Miss Harriet Martineau has again cropped up. It is a notorious fact—for the good repute of the profession a sadly too notorious fact—that this lady in 1855 was told by leading members of the profession that her heart was not in its perfect integrity. She made her will, and prepared herself for sudden death at any moment. She was liable to attacks of palpitation and dyspnœa and of apparent failure of the heart's action, which caused her and her friends great distress. She was advised to try mesmerism, which gave her great relief. It was bruited about that a cure had been worked, and the mesmerists made good capital out of it. After twenty-one years' waiting, Miss Martineau did die at last, apparently from heart-failure. She was known to have had a tumor in the abdomen in 1855: it was found in 1877 to be an ovarian cyst. The heart, curiously enough, was not examined at the autopsy. It seems clear that the attacks from which Miss Martineau suffered in 1855, when she was about the menopause, were neurosal disturbances of the heart, due to the pressure of the cyst upon the pelvic organs; and that when the cyst escaped into the abdomen these reflex cardiac attacks ceased,—and mesmerism got the credit. The presence of a large cyst in the abdomen prevented the descent of the arched diaphragm, and so the lady was scant of breath on exertion. The diagnosis of fatty degeneration in 1855 was of course an erroneous one. The case shows, what is not uncommon, that a person may suffer at one time from disturbance in the heart, and die ultimately of heart disease, and yet there be no connection betwixt the two.

## PROCEEDINGS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, OCTOBER 11, 1877.

The PRESIDENT, DR. H. LENOX HODGE, in the chair.

*Bean removed from external auditory meatus.* By Dr. CARL SEILER.

MAGGIE E., aged 12, applied to me for relief. She complained of deafness and pain in the right ear. On questioning, she and her attendant said that about eighteen months ago her hearing had become bad, and that the pain had only been felt for the last four months. On examination I saw a hard white body filling the entire meatus externus with the exception of a small slit-like opening near the top of the inner wall.

Before proceeding to remove the obstruction I questioned the patient closely as to the time when she had put the foreign body into her ear. She, however, denied all knowledge of having put anything into her ear at any time.

In trying to remove what afterwards proved to be a bean, I found the forceps of no avail, and had to resort to a hook the point of which was strongly curved while the body of the instrument was but slightly bent. With this instrument, which was made at the time out of a hair-pin, I was enabled to pass through the narrow opening and behind the bean, and then by pulling upon the hook a very little force sufficed to dislodge it.

After the removal of the bean the canal was found to be but partially filled with dry cerumen and epithelial scales, while the tympanum presented the bright-red appearance of a tympanitis.

*Cancer of the stomach.* By Dr. E. T. BRUEN.

M. McD., æt. 50, Irish, laborer, was admitted to the Philadelphia Hospital, August 8, 1877. When admitted he stated that his family were all healthy people, and that he himself had enjoyed exceptional immunity from sickness until three years ago. At that time he noticed that whenever he ate articles of food which were difficult to digest, he would vomit two or three hours after eating. He had other dyspeptic symptoms at intervals, but, as he was careful about his diet, he did not vomit as much for a year previous to the date of this history.

About three months ago he commenced to be troubled with constipation and a feeling of soreness over the abdomen.

On admission, he was noticed to be emaciated, and his face had a pale cachectic hue. The lungs were healthy; a systolic murmur was heard at the base of the heart transmitted towards the epigastrium, and the veins of the neck were observed to pulsate violently. It appeared that the murmur was due to some tricuspid regurgitation.

On examining the abdomen, a tumor was felt in the epigastrium, extending three inches to the left of the median line and about four inches from the edge of the ribs on the left side of the chest. The tumor appeared to be superficial, but by depressing the abdominal wall it was found to extend deeply into the cavity of the abdomen towards the back. The tumor pulsated with the cardiac action, and on auscultation a murmur could be detected, which was increased by pushing the stethoscope deeply into the centre of the pulsating area, which was about two (2) inches in circumference; there was no thrill, and the pulsation disappeared when the patient assumed a position on the hands and knees. But little dulness could be detected on percussion over the tumor, and that only when the abdominal walls were deeply depressed. A slight murmur could be heard along the course of the

aorta by auscultation over the back. The tumor was hard, no nodulation could be felt, but the rigidity of the abdominal muscles prevented further localization of the mass.

The temperature during the first four weeks after his admission ranged between 100° F. and 102° F. No albumen could be found in the urine. He complained bitterly of severe dull pain in the epigastrium and lumbar region, the pain in the back being especially severe. He was constipated most of the time he was under my care, but occasionally he had diarrhœa for a few days. No vomiting occurred while he was in the ward, but his diet was restricted, and principally liquid.

He gradually emaciated, and died from exhaustion, October 9, 1877. His temperature, however, was normal for several weeks before his death, and the tricuspid murmur had disappeared.

*Post-mortem* twenty-four hours after death. Extreme muscular rigidity. Examination of chest revealed heart and lungs to be healthy. Tricuspid and mitral valves normal.

On opening the abdomen, the stomach was found extremely dilated, occupying the left hypochondriac region. The hard mass felt during life was seen to be connected with the stomach. The transverse colon and pancreas were found adherent to the greater curvature of the stomach, which was the seat of cancerous disease, apparently scirrhous.

On opening the stomach along the greater curvature, a cancerous mass as large as an orange occupied the posterior wall and lesser curvature, extending from within two inches of the cardiac orifice, towards the pylorus, which was also the seat of cancer. The portion around the pylorus was hard and smooth, but on the posterior wall lobules extended from the mass into the cavity of the stomach. The surface of the large mass occupying the posterior wall was softened, and the mucous membrane covering the posterior wall of the stomach was very much softened. Portions of the mass were friable. On the anterior surface of the anterior wall of the stomach small nodular masses the size of peas were found scattered, but apparently in the line of the lymphatics. The liver and kidneys were healthy. The mesenteric glands were very generally enlarged to the size of large peas. The spleen was of normal size, but its capsule was the seat of calcareous degeneration, and a tendency to lobulation of the spleen was observed.

*Remarks.*—This tumor during life very often simulated aneurism, but was differentiated from it by the absence of murmur when the position was changed, and the absence of pulsation when the patient was on the hands and knees. The dyspeptic symptoms, however, the cachexia, emaciation, and constipation, pointed to cancer, and the location and superficial character of the tumor pointed in my mind to cancer of the walls of the stomach. I would call attention to the temperature as an unusual feature of the case. Wunderlich says that temperature above 100° points against a diagnosis of cancer; though recently I noticed a case of cancer of the liver with a temperature above 100° F., rising at times to 103° F.

The *post-mortem* threw no light upon the cause of the tricuspid murmur.

It is interesting to note that although this tumor was really so deeply seated it appeared superficial, and the absence of dulness was explained by the dilated condition of the healthy portion of the stomach. It was thought at one time that enlargement of the left lobe of the liver would explain the tumor; but absence of dulness in the epigastrium set aside this theory. No microscopic examination has yet been made, owing to the recent date of death of the patient, but I would desire to have the specimen referred to the Committee on Morbid Growths for their consideration.

*Report of the Committee on Morbid Growths.*—"A microscopical examination of the new formation developed in the stomach, presented by Dr. Bruen, shows the globular, polyp-like elevations situated at the pyloric region to consist of villous prolongations, covered with columnar epithelial cells, growing in every direction. From such an arrangement of elements the growth may be considered a cylindrical epithelioma.

"November 8, 1877."

*Medullary sarcoma.* By Dr. F. H. Gross, for Dr. James Collins.

The specimen of medullary sarcoma which it is my privilege to exhibit to the Society for my colleague Dr. James Collins was removed from a young patient at the German Hospital, by amputation of the left arm above the condyles of the humerus.

From the notes kindly furnished me by Dr. C., who regrets that they are somewhat meagre, I prepare the following history of the case:

Samuel S. R., aged 8 years, of healthy American parentage, sustained in the latter part of November, 1876 (nearly eleven months ago), an injury to the forearm while in bed. He was treated for some time by a neighboring apothecary with lotions and liniments, but without any improvement.

The doctor's attention was first called to the case early in February last, when he found a tumor of the size of an egg occupying the middle of the ulna, and which seemed to clasp the ends of an ununited fracture of that bone. This enlargement was held to be an excessive mass of vitiated callus. As the surroundings of the little patient led to the belief that he could not be properly treated at home, Dr. C. strongly urged the lad's parents, who were poor, to send him to a hospital, in the hope that a useful hand might be preserved. But this advice was not then acted upon.

A few weeks later it was noticed that the growth was rapidly increasing in size, that the superficial veins of the forearm were becoming

very prominent, that the part was severely painful, and that the general health of the patient was becoming somewhat impaired. There was, however, nowhere in the limb any evidence of glandular enlargement.

It was now held to be a sarcoma, and, as the disease was becoming constantly more aggravated, the patient was finally, on the 3d of October, after the repeated advice of Dr. Collins, admitted into the German Hospital, where, two days later, that gentleman amputated the arm above the elbow, in the presence of several members of the hospital staff and the resident physicians.

Up to this time, the sixth day after the operation, the patient continues to do very well.

The amputated portion of the humerus, and the hand, which were not involved, have been disarticulated from the diseased forearm. The tumor, which measured in its greatest circumference fourteen inches and in its length seven inches, has been bisected longitudinally. The portion here presented has been preserved in a solution of hydrate of chloral, and the other half is being prepared for microscopic study.

Dr. C. expresses his indebtedness for the note, which I copy below, from Dr. S. W. Gross, who saw the case and examined the specimen:

"The section of the tumor was six inches long by four and a half inches broad at its widest part. The growth had developed at the seat of fracture of the ulna, which was about midway of the bone, and was evidently periosteal in its origin, although fully one-half grew from the outer surface of the periosteum. At the point of fracture were numerous flattened, radiating spiculæ of bone. The upper and lower epiphyses of the ulna were not involved.

"The whole appearances of the tumor were those of encephaloid or medullary sarcoma. The brain-like tissue, more especially the central portions, was very soft, and easily broken down. It was the seat, here and there, of calcareous degeneration and cystic transformation, and pervaded, particularly at the lowermost portion, by injected vessels and hemorrhagic deposits.

"From the history of the case, and from the gross appearances of the tumor, I have no hesitation in pronouncing it a small round-celled sarcoma."

*Report of the Committee on Morbid Growths.*—"The specimen presented by Dr. F. H. Gross, and referred to the Committee on Morbid Growths for examination, presents the structural arrangement and elements of a round-celled sarcoma. A thin section demonstrates the new formation to consist of round, lymphoid cells, with scarcely any visible intercellular substance. The blood-vessels are seen to be simple channels through the cells of the growth.

"November 8, 1877"

## REVIEWS AND BOOK NOTICES.

CUTANEOUS AND VENEREAL MEMORANDA. By HENRY G. PIFFARD, A.M., M.D., and GEORGE FOX, A.M., M.D. New York, William Wood & Co., 1877. 32mo, pp. 301.

This little volume, intended as a *vade-mecum* for the student, contains a large amount of valuable information stowed away within very small compass. It opens with several short chapters on the anatomy, physiology, pathology, symptomatology, diagnosis, nomenclature, and classification of diseases of the skin. Following these are a series of concise descriptions of the individual diseases, this portion of the book taking up 176 pages. The remainder is occupied by chapters upon gonorrhœa, gleet, complications of gonorrhœa, chancroid, bubo, syphilis, and the treatment of syphilis. These are very satisfactory, and in fact form, we think, the most valuable portion of this compendium. Its usefulness is unfortunately impaired by the adoption of a nomenclature of skin diseases in many respects widely different from that which is accepted by the majority of instructors in this country. The attempt to make a hand-book or compendium the medium for the propagation of new views or nomenclature and classification is a mistake, and in the present instance mars what would otherwise be an admirable little manual.

A. V. H.

A GUIDE TO THERAPEUTICS AND MATERIA MEDICA. By ROBERT FARQUHARSON. Enlarged and adapted to the United States Pharmacopœia. By FRANK WOODBURY, M.D.

This is one of those adaptations which our atrocious copyright laws allow publishers to have made to order out of the mental offspring of any unfortunate English author. Commencing usually in piracy, we could but wish that these enterprises would end in pecuniary loss; but unfortunately they usually bring no such well-deserved fate upon their publishers: indeed, out of them men have grown rich. We have sufficiently noted the peculiarities of the original English work, and it only remains to say that Dr. Woodbury has acted judiciously in adding accounts of various remedies employed in this country but not mentioned in the original treatise, and also in making sundry other minor additions.

SALICYLIC ACID IN ACUTE RHEUMATISM (*The Lancet*, October 13, 1877).—Dr. Whipham reports at length an extremely interesting case of acute rheumatism complicated by pericarditis and broncho pneumonia, which was relieved at once, when the patient was apparently dying, by salicylate of sodium, after failure of a fair trial of the alkaline treatment. The remedy was given in twenty-grain doses every two or three hours.

## GLEANINGS FROM EXCHANGES.

Treatment of Catarrhal Affections of the Respiratory Passages by Pulverized Carbolic Acid (*The Practitioner*, October, 1877).—Dr. Moritz, in a communication made to the Medical Society of St. Petersburg, states that he employed pulverized carbolic acid in the spring of last year in the treatment of catarrhal affections, and that he was led to its use by observing that having had occasion to use carbolic acid spray extensively, he had himself escaped any catarrh. The strength he employs is two per cent. He tried it first on two children who were supposed to be suffering from the commencement of an attack of whooping-cough. In the course of a few days the slight catarrh disappeared. In several cases where children were suffering from scarlet fever, the cough, which was present at the outset, diminished, and the nights were rendered more calm. The application of the spray, however, was not well borne by two patients suffering from phthisis, one of whom had large cavities in his lungs. The author explains the beneficial action of carbolic acid by supposing that many cases of catarrh are of an infectious nature.

Subcutaneous Injection of Carbolic Acid for Phthisis and Tuberculosis (*The Practitioner*, October, 1877).—Schnitzler states that he has made experiments with the subcutaneous injection of carbolic acid in upwards of one hundred cases of phthisis and tuberculosis. The strength of the solution was from one to two per cent. The results were diminution of the febrile symptoms, more tranquil breathing, lessening of the feeling of weight and uneasiness, and, when the remedy had been employed for some time, diminution of the night-sweating. The amount injected was one or two Pravaz-syringefuls every or every other day.

Venous Pulse in Chloroform-Narcosis (*The Practitioner*, October, 1877).—L. Noël calls attention to the fact that a venous pulse is observable in both the external and internal jugular veins in every case of chloroform-narcosis. In some instances it commences with the first inhalations, but it is not usually well marked till anæsthesia is fully pronounced, and it becomes most marked just before the patient awakens from sleep; at this period the pulsations can occasionally be followed into the subclavian, and even into the facial veins. Each pulsation consists of a double vibration, the acme of the wave immediately preceding the radial pulse, and the greatest degree of flaccidity immediately following it. The pulsations are often very considerable, yet they can scarcely be felt with the finger. Central compression of the vein prevents the pulsation, but distal compression is without effect. The whole phenomenon lasts at its acme for from ten to fifteen minutes, and then gradually subsides, disappearing altogether in the course of half an hour. Age and sex appear to have no influence on it. M Noël endeavors to explain it on the ground that the right heart and the two venæ cavæ become over-distended with blood towards the completion of narcosis. As is shown by the frequency of fainting at this stage, the right auricle cannot entirely empty its contents into the right ventricle, and there is consequently a certain amount of reflux.

Ulcerative Endocarditis (*The Boston Medical and Surgical Journal*, November 15, 1877).—Dr. Calvin Ellis reports at length a case of ulcerative endocarditis followed by embolism of the arteries of the left leg, and on which he makes the following remarks:

Though we are there informed that hardly two cases are known which resemble each other completely, our case illustrates so many points mentioned in the general history of the disease as to make it profitable to call attention to them, particularly as the affection is quite rare. The two forms described, the typhoid and the pyæmic, are both represented. The pain and prostration were followed by rigors, and these by the clear indications of local embolism. We had at first integrity of mind ending at last in delirium and coma; marked prostration; rapidity of respiration, contrasting strongly with the absence of all appreciable lesion of the lungs; a high pulse and temperature; rigors repeated frequently, regularly and irregularly; a cessation of the same towards the close; albuminuria, which we are told hardly ever fails; an enlarged spleen; the absence of any complaint of subjective cardiac symptoms, and of physical signs, which has been noticed even when ulceration has occurred, though physical signs are generally found. Vomiting and diarrhœa, which are common, were wanting in our case.

In regard to diagnosis, it is stated that ulcerative endocarditis can be rarely recognized with certainty. It is either entirely overlooked or only suspected. In our case an accurate diagnosis was impossible until the obstruction of the circulation occurred. There may be local cardiac signs which render the diagnosis very probable, but where these fail the disease is liable to be confounded with typhoid and intermittent fever, or other conditions. Though the rigors often recur irregularly, perhaps several times a day, they may be so regular as to simulate those of intermittent fever, while the enlargement of the spleen may also suggest typhoid. If, however, we bear in mind the apyrexia of intermittent fever and the regular course of the temperature in typhoid, we shall be much aided in diagnosis. But the most important point is the previous history of the case. Though recovery is not impossible on theoretical grounds, no case of the kind is known.

SUPPURATION OF THE BURSA PATELLÆ (*The British Medical Journal*, September 29, 1877).—A woman, a month after confinement, had, without apparent cause, been attacked with inflammation and subsequent suppuration of the bursa patellæ. She had continued to get about as long as possible, but, after three weeks' illness, was obliged to seek medical relief, and was admitted to a hospital. It was then found that not only had the bursa suppurated, but that suppuration had extended to the cellular tissue around the joint, and the skin and cellular tissue around were involved to a considerable extent. At first glance, the joint appeared to be involved; but, on careful examination, and from the history of the case, it appeared probable that the synovial sac might be free from injury. Free incisions were made in various directions into the suppurating cellular tissue, a poultice was applied, and the joint was kept at rest by tying it up in a pillow. There were no signs of inflammation of the veins of the leg. The incisions all healed up, and the joint is found to be free of disease.

In another case of inflammation of the bursa patellæ following a blow, the sac was opened freely as soon as an increase of heat and redness, with a rise of the temperature to 102° Fahr., indicated suppuration. The patient was thus saved from the complications met with in the former case from neglect of surgical treatment.

MONOBROMATED CAMPHOR.—Great difficulty is often experienced in dispensing this useful remedy. According to M. Lepage, the following plan is advantageous:

Dissolve the monobromated camphor in six times its weight of almond oil by the aid of a gentle heat, emulsify the oily solution with gum arabic, and then suspend it in syrup or in water, according to the indications of the prescription. The emulsions obtained were as perfect as those with almond oil alone.

In consequence of the instability of the oil used as a solvent, the emulsion should be prepared as required: the monobromated camphor, however, appears to keep without undergoing any decomposition, even after an interval of three months.

To emulsify seven grammes of the oily solution, containing one gramme of the active substance, the author employs three grammes of powdered gum arabic suspended in double its weight of water. When the emulsion has been made, the necessary quantity of syrup or water is added in the usual manner.

SIMPLE ULCER OF THE STOMACH (*The Medical Record*, November 3, 1877).—Two hundred and fifty-two cases of this disease have been personally observed by Lebert; in one hundred and four the history has been detailed, and in thirty-three an autopsy has been obtained. The ulcer is most frequently secondary to a local hemorrhagic infiltration with circumscribed interruptions of the circulation and formation of a scar; but there are also superficial ulcerations, hemorrhagic erosions of the mucous membrane, follicular ulcers, and inflammatory ulcerations, more extensive and deep than erosions. The frequency of the gastric ulcer varies much, according to the country or locality of a country. On an average they are not found in more than four per cent. of the autopsies. At Breslau it was found in two per cent., and was about one per cent. in the clinic and polyclinic cases. Simple ulcer of the stomach comes on sometimes without appreciable cause, sometimes under the influence of a general anæmic or neuropathic condition: hence the frequency of this lesion in chlorosis, which is often enough rather the effect than the cause. The principal clinical forms of simple ulcer are:—1, the acute, with perforation of the stomach, and fatal diffuse peritonitis; 2, the hemorrhagic form, with severe hæmatemesis; 3, the scorbutic, which is a variety of the former; 4, the dyspeptic, resembling gastric catarrh, but more painful; 5, the gastralgic, with predominance of painful paroxysms; 6, the vomitive; 7, the cachectic, possibly simulating cancer. In this latter condition there may be stricture of the pylorus with dilatation of the stomach. Vomiting of fresh or blackish blood occurred in four-fifths of the cases, and was the cause of death in three per cent. of those observed at the clinic. Perforation of the stomach was the termination in three and a half per cent. of the clinical cases,—in the female chiefly between puberty and thirty, in the male after thirty. This malady, even in its favorable terminations, has an average duration of from three to five years at the least. It may also be latent, cicatrization and cure occurring almost without symptoms.

There was a fatal termination in eight per cent. of the clinical cases. This rarely occurred during the first year, more frequently during the second and third, but if the disease progressed steadily the fatal tendency increased with the years. Recurrence of the disease is not uncommon, but if there has been a long period of good health intervening, the prognosis is good. When a gastric fistula forms externally the prognosis is not very unfavorable; but if it be gastro-pulmonary or gastro-colic, a fatal result will ensue usually, if not always. In treatment Professor Lebert has had greatest success from a milk diet. Even after the attack has passed away the patient should still have a carefully-regulated regimen, and should only gradually commence upon mixed food. Constipation should be combated with aperients, of which aloes is the best. Submitrate of bismuth and nitrate of silver are also useful; but there is no specific treatment, and attention must be directed towards the individual symptoms.

THE medical class of the University of Edinburgh now numbers 920.

## MISCELLANY.

We would call attention to the advertisement of *Parrish Hall*. There seems to be a need of such an institution, and the names of the physicians attached would seem to be all the guarantee of excellence that could be asked for.

Granulated Sugar.—E. W. Runyon asserts that white granulated sugar is very often adulterated with ultramarine, sulphate of tin, alum, etc., in order to neutralize the yellow tint of imperfectly-refined sugars. The practice is known among refiners as adding the complementary color.

Unquestionably, ultramarine adulteration is chemically injurious, being decomposed by fruit or organic acids, with evolution of sulphuretted hydrogen, which produces a disagreeable taste. When made into syrup, these sugars are said to betray themselves by imparting a yellow color or very dull appearance to the liquid.

On November 30 died Dr. Edward H. Clarke, of Boston, in the fifty-ninth year of his age. Graduating in the University of Pennsylvania, Medical Department, 1846, he soon became inseparably connected with the medical teaching of Boston, and in 1855 was elected Professor of Materia Medica and Therapeutics in Harvard University,—a position he filled with the utmost brilliancy until forced by ill health to retire in 1872.

A large mushroom is said to have forced its way through twelve inches of concrete covered with a thick layer of asphalt, in the floor of the savings-bank department of the General Post-Office in London.

Artichokes are good for rheumatism; and hearty jokes are good for dyspepsia.—*The Doctor.*

## NOTES AND QUERIES.

To the Editor of the Philadelphia Medical Times:

Dear Sir,—I desire to make a correction in regard to the number of patients accredited to the Northern Dispensary, as given in the table in the article on Free Dispensaries, in the *Medical Times* of November 10; also, some remarks on the article.

The last annual report of the Dispensary gives the *total* number of patients for last year (the largest since its existence) as 18,672. This number includes 1707 cases of teeth-extraction,—a class of patients making but one visit and receiving no medicine, consequently not detracting from the business of physicians; although *dentists* may find cause for alarm in these figures. There were *no* ward cases. We therefore have remaining 16,898 cases, instead of 20,391, being 3493 *less* than reported in the table. From this number a very considerable deduction should be made on account of probable repetition on the register during the year by the same individual with a different disease, a point which the writer has evidently not considered.

For instance, it is *possible* for a child or other member of a family to come under the care of the Dispensary during the inclement season with a bronchial or other affection, and similarly during the summer with some disease incident to that season, every time a cure being effected. Each time the name would, very properly, be entered on the register and count as a new patient, being actually a new case of disease.

Practically, we may thus have quite a number of patients counted at the Dispensary out of an individual or family during the year, making the number of *individuals* applying for aid much below the number of patients or cases recorded.

Until the writer of the article devises some plan by which he can ascertain accurately the actual number of *individuals* visiting our Medical Charities, such an array of statistics given to institute a comparison with the total population of the city is worthless.

It is a pity to allow such one-sided statements to appear in a semi-official character, because when copied in the public journals they furnish an excuse for the withholding of contributions to benevolent objects in these times of urgent need.

If we give credence to the conclusions of the writer, we must discredit the able annual reports of the State Board of Public Charities, and be forced to believe that *all* assistance and endowments, both public and private, to our hospitals and dispensaries have been grievous mistakes.

Adopting the standard of the Committee in New York, on a similar subject, given in the same number of the *Times*, my own observation leads me to believe that there are a larger number of families in the city in need of medical aid than apply for it.

The actual distress and suffering among the poor is not to be met by wholesale denunciation. Rather let those interested in this subject devote their spare time to ascertaining the proportion of unworthy recipients of medical charity, and by their endeavors to suppress abuses assist in the just distribution of that aid which must be extended so long as "the poor" we "have always with" us.

Very respectfully,
Charles Carter, M.D.

## OFFICIAL LIST

*OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM DECEMBER 2, 1877, TO DECEMBER 15, 1877.*

Wolverton, W. E., Major and Surgeon.—To accompany four companies of 7th Cavalry detached for field duty. S. O. 169, Dakota, December 5, 1877.

Waters, W. E., Captain and Assistant-Surgeon.—To accompany battalion 2d Artillery from Carlisle Barracks, Pennsylvania, to Texas, and, upon completion of this duty, report to the Commanding General of that Department for assignment to duty. S. O. 246, A. G. O., December 5, 1877.

Kimball, J. P., Captain and Assistant-Surgeon.—Relieved from duty in Department of the East, and assigned to duty at Fort Columbus, N. Y. H. S. O. 250, A. G. O., December 10, 1877.

Loring, L. Y., Captain and Assistant-Surgeon.—Leave of absence extended five months. S. O. 243, c. s., A. G. O.

Patzki, J. H., Captain and Assistant-Surgeon.—Granted leave of absence for six months, with permission to go beyond sea. S. O. 243, November 30, 1877.

Dickson, J. M., Captain and Assistant-Surgeon.—Assigned to duty as Post-Surgeon at Fort Klamath, Oregon. S. O. 171, Department of the Columbia, November 20, 1877.

Finley, J. A., First-Lieutenant and Assistant-Surgeon.—Granted leave of absence for one month, with permission to apply for two months' extension. S. O. 221, Department of the Missouri, December 6, 1877.

Turrill, H. S., First-Lieutenant and Assistant-Surgeon.—Assigned to temporary duty at these Headquarters. S. O. 201, Department of Texas, November 30, 1877.

Hall, W. R., First-Lieutenant and Assistant-Surgeon.—Assigned to duty as Post-Surgeon at Fort Stevens, Oregon. S. O. 168, Department of the Columbia, November 15, 1877.

Barnett, R., First-Lieutenant and Assistant-Surgeon.—Leave of absence extended one month. S. O. 275, Division of the Atlantic, December 11, 1877.

Newlands, W. L., First Lieutenant and Assistant-Surgeon.—Relieved from duty at San Diego, California, and to report in person at these Headquarters, for assignment. S. O. 153, Division of the Pacific and Department of California, December 3, 1877.

Shuffeldt, R. W., First-Lieutenant and Assistant-Surgeon.—Assigned to duty at Omaha Barracks, Nebraska. S. O. 141, Department of the Platte, December 10, 1877.

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